

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT COOPERATION TREATY APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ALGINATE CAPSULES FOR USE IN THE TREATMENT OF BRAIN TUMOUR the specification of which was filed as PCT International Application No. PCT/NO99/00266 on 25 August 1999 and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

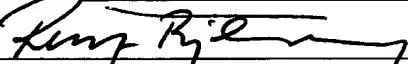
Country	Application No.	Filed (Day/Mo/Yr.)	Priority Claimed (Yes/No)
NORWAY	19983911	26 August 1998	Yes

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

**FITZPATRICK, CELLA, HARPER & SCINTO**  
**Customer Number: 05514**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Rolf BJERKVIG

Inventor's signature 

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Full Name of Second Joint Inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizenship/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_